


| | | |
|---|--|---|
|  | OneBeacon Entertainment 1100 Glendon Avenue, Suite 900 Los Angeles, CA 90024 License No. 0773887 | Los Angeles (781) 332-8400 Fax (866) 640-6533 New York (212) 307-0111 Fax (212) 307-0598 |
|---|--|---|

CONCERT PROMOTER SUPPLEMENTAL QUESTIONNAIRE

1. **Name of Promoter / Applicant:** _____
In Business under present management since: _____
2. **Applicant is a:** Corporation _____ Individual: _____ Partnership: _____ Other: _____
3. **Names of Principals:** _____
Experience of Principals: _____
4. **Address:** _____
City: _____ **State:** _____ **Zip:** _____ **Phone: ()** _____
5. **Date coverage requested:** _____ **To:** _____
6. **Limits of Liability requested: \$** _____
Deductible: \$ _____
7. **Type of Concerts normally promoted:** _____ **Rap** _____
Hard Rock _____ **PopRock** _____ **Jazz** _____ **Classical** _____ **Other** _____
Please attach a schedule from last year of all known concerts for this year.
8. **Name(s) of Entertainers Applicant Promotes (attach separate sheet, if necessary):** _____

9. **Names of facilities (auditorium, stadium, arena, etc.), City, State and capacity (attach separate sheet if necessary):** _____
10. _____

11. **Estimated attendance at each concert:** _____

12. Estimated Annual Admission: _____

13. Estimate Gross Receipts: _____

14. Any out door concerts promoted: Yes _____ No _____
If yes provide location, capacity, and type of seating (festival or reserve) for each: _____

15. Security is provided by: _____
Insurance in force: Yes _____ No _____
Limits carried: _____
Applicant will _____ will not _____ Obtain a Certificate of Insurance
evidencing coverage. Explain _____

Describe Security /Precautions:

16. Any liquor served? Yes _____ No _____
Who has responsibility and control:

Will Applicant / Promoter obtain a Certificate of Insurance evidencing coverage?

17. Describe responsibility and control over concessionaires: _____

_____ First
Aid: _____

18. Previous Insurance Company and Policy Number (s): _____

19. Has any form of insurance been canceled or declined? _____

20. Previous Loss Experience (if any): _____

(Attach Hard Copy Loss Information From Prior Carrier)

21. Name and phone number of your:

Loss Control Contact:

Name: _____

Phone: _____

Accountant and Business Manager:

Name: _____

Phone: _____

Name: _____

Phone: _____

Audit Contact :

Name: _____

Phone: _____

Date: _____

Completed by: _____

Title: _____

For Applicants: _____

Broker: _____

Address: _____

Tel. No.: _____

Fax No.: _____